AMERICAN ACADEMY OF PEDIATRICS

Committee on Psychosocial Aspects of Child and Family Health

Guidance for Effective Discipline

ABSTRACT. When advising families about discipline strategies, pediatricians should use a comprehensive approach that includes consideration of the parent–child relationship, reinforcement of desired behaviors, and consequences for negative behaviors. Corporal punishment is of limited effectiveness and has potentially deleterious side effects. The American Academy of Pediatrics recommends that parents be encouraged and assisted in the development of methods other than spanking for managing undesired behavior.

Parents often ask pediatricians for advice about the provision of appropriate and effective discipline. In fact, 90% of pediatricians report that they include advice about discipline when providing anticipatory guidance to families.[1] The American Academy of Pediatrics held a consensus conference on corporal punishment, the report of which was published in *Pediatrics* and serves as one major source of information for this statement.[2]

The word discipline, which comes from the root word disciplinare—to teach or instruct—refers to the system of teaching and nurturing that prepares children to achieve competence, self-control, self-direction, and caring for others.[3] An effective discipline system must contain three vital elements: 1) a learning environment characterized by positive, supportive parent–child relationships; 2) a strategy for systematic teaching and strengthening of desired behaviors (proactive); and 3) a strategy for decreasing or eliminating undesired or ineffective behaviors (reactive). Each of these components needs to be functioning adequately for discipline to result in improved child behavior.

DEVELOPMENTAL APPROACH TO DISCIPLINE

The earliest discipline strategy is passive and occurs as infants and their caregivers gradually develop a mutually satisfactory schedule of feeding, sleeping, and awakening. Biologic rhythms tend to become more regular and adapt to family routines. Signals of discomfort, such as crying and thrashing, are modified as infants acquire memories of how their distress has been relieved and learn new strategies to focus attention on their emerging needs.[4]

The main parental discipline for infants is to provide generally structured daily routines but also to learn to recognize and respond flexibly to the infant's needs. As infants become more mobile and initiate more contact with the environment, parents must impose limitations and structure to create safe spaces for them to explore and play. Equally important, parents must protect them from potential hazards (eg, by installing safety covers on electric outlets and by removing dangerous objects from their reach) and introduce activities that distract their children from potential hazards. Such proactive behaviors are central to discipline for toddlers. Communicating verbally (a firm no) helps prepare the infant for later use of reasoning, but parents should not expect reasoning, verbal commands, or reprimands to manage the behavior of infants or toddlers.

As children grow older and interact with wider, more complex physical and social environments, the adults who care for them must develop increasingly creative strategies to protect them and teach them orderly and desirable patterns of behavior. As a result of consistent structure and teaching (discipline), children integrate the attitudes and expectations of their caregivers into their behavior. Preschoolers begin to develop an understanding of rules, and their behavior is guided by these rules and by the consequences associated with them. As children become school age, these rules become internalized and are accompanied by an increasing sense of responsibility and self-control. Responsibility for behavior is transferred gradually from the caregiving adult to the child, and is especially noticeable during the transition to adolescence. Thus, parents must be prepared to modify their discipline approach over time, using different strategies as the child develops greater independence and capacity for self-regulation and responsibility. The process can be more challenging with children who have developmental disabilities and may require additional or more intense strategies to manage their behavior.

STRATEGIES FOR EFFECTIVE DISCIPLINE

Effective discipline requires three essential components: 1) a positive, supportive, loving relationship between the parent(s) and child, 2) use of positive reinforcement strategies to increase desired behaviors, and 3) removing reinforcement or applying punishment to reduce or eliminate undesired behaviors. All components must be functioning well for discipline to be successful.

Promoting Optimal Parent–Child Relationships and Reinforcing Positive Behaviors

For discipline techniques to be most effective, they must occur in the context of a relationship in which children feel loved and secure. In this context, parents' responses to children's behavior, whether approving or disapproving, are likely to have the greatest effect because the parents' approval is important to the children. Parental responses within the context of loving and secure relationships also provide chil-

dren with a sense that their environment is stable and that a competent adult is taking care of them, which leads to the development of a sense of personal worth. As children respond to the positive nature of the relationship and consistent discipline, the need for frequent negative interactions decreases, and the quality of the relationship improves further for both parents and children. To this end, the best educators of children are people who are good role models and about whom children care enough to want to imitate and please. Certain conditions in the parent–child relationship have been found to be especially important in promoting positive child behavior, including:

- maintaining a positive emotional tone in the home through play and parental warmth and affection for the child[5];
- providing attention to the child to increase positive behavior (conversely ignoring, removing, or withholding parent attention to decrease the frequency or intensity of undesirable behaviors).[6] For older children, attention includes being aware of and interested in their school and other activities;
- providing consistency in the form of regular times and patterns for daily activities and interactions to reduce resistance, convey respect for the child, and make negative experiences less stressful[7];
- responding consistently to similar behavioral situations to promote more harmonious parent–child relationships and more positive child outcomes[8]; and
- being flexible, particularly with older children and adolescents, through listening and negotiation to reduce fewer episodes of child noncompliance with parental expectations.[8] Involving the child in decision-making has been associated with long-term enhancement in moral judgment.[9]

These factors are important in developing a positive, growth-enhancing relationship between parent and child. Even in the best relationships, however, parents will need to provide behavioral limits that their children will not like, and children will behave in ways that are unacceptable to parents. Disagreement and emotional discord occur in all families, but in families with reinforcing positive parent–child relationships and clear expectations and goals for behavior, these episodes are less frequent and less disruptive.

Rewarding Desirable or Effective Behaviors

The word discipline usually connotes strategies to reduce or eliminate undesirable behaviors. However, more successful child-rearing systems use procedures to both increase desirable behaviors and decrease undesirable behaviors. Eliminating undesirable behavior without having a strategy to stimulate more desirable behavior generally is not effective. The most critical part of discipline involves helping children learn behaviors that meet parental expectations, are effective in promoting positive social relationships, and help them develop a sense of self-discipline that leads to positive self-esteem. Behaviors that the parents value and want to encourage need to be identified by the parents and understood by their children.

Many desirable behavioral patterns emerge as part of the child's normal development, and the role of adults is to notice these behaviors and provide positive attention to strengthen and refine them. Other desirable behaviors are not part of a child's natural repertoire and need to be taught, such as sharing, good manners, empathy, study habits, and behaving according to principles despite the fact that immediate rewards for other behaviors (eg, lying or stealing) may be present. These behaviors must be taught to children through modeling by parents and shaping skills through parental attention and encouragement. It is much easier to stop undesired behaviors than to develop new, effective behaviors. Therefore, parents must identify the positive behaviors and skills that they want for their children and make a concerted effort to teach and strengthen these behaviors.

Strategies for parents and other caregivers that help children learn positive behaviors include:

- providing regular positive attention, sometimes called special time (opportunities to communicate positively are important for children of all ages);
- listening carefully to children and helping them learn to use words to express their feelings;
- providing children with opportunities to make choices whenever appropriate options exist and then helping them learn to evaluate the potential consequences of their choice;
- reinforcing emerging desirable behaviors with frequent praise and ignoring trivial misdeeds; and
- modeling orderly, predictable behavior, respectful communication, and collaborative conflict resolution strategies.[10]

Such strategies have several potential benefits: the desired behavior is more likely to become internalized, the newly learned behavior will be a foundation for other desirable behaviors, and the emotional environment in the family will be more positive, pleasant, and supportive.

Reducing and Eliminating Undesirable Behavior

When undesirable behavior occurs, discipline strategies to reduce or eliminate such behavior are needed.[11] Undesirable behavior includes behavior that places the child or others in danger, is noncompliant with the reasonable expectations and demands of the parents or other appropriate adults (eg, teachers), and interferes with positive social interactions and self-discipline. Some of these behaviors require an immediate response because of danger or risk to the child. Other undesirable behaviors require a consistent consequence to prevent generalization of the behavior to other situations. Some problems, particularly those that involve intense emotional exchanges, may be handled best by taking a break from the situation and discussing it later when emotions have subsided, developing alternative ways to handle the situation (removing attention), or, in many cases, avoiding these situations altogether.

Extinction including time-out and removal of privileges, and punishment are two common discipline approaches that have been associated with reducing undesired behavior. These different strategies, sometimes both confusingly called punishment, are effective if applied appropriately to specific behaviors. Although they both reduce undesired behavior, they work in very different ways and have very different short- and long-term effects. For both strategies, the following factors may increase the effectiveness:

- clarity on the part of the parent and child about what the problem behavior is and what consequence the child can expect when this behavior occurs;
- providing a strong and immediate initial consequence when the targeted behavior first occurs;
- consistently providing an appropriate consequence each time a targeted problematic behavior occurs;
- delivering instruction and correction calmly and with empathy; and
- providing a reason for a consequence for a specific behavior, which helps children beyond toddler age to learn the appropriate behavior[12] and improves their overall compliance with requests from adults.[13]

Occasionally, the consequence for an undesired behavior is immediate, without parental involvement (eg, breaking one's own toy), and may be effective in teaching children to change their behavior. When this consequence is combined with parental reprimand, there is an increase in the likelihood that the child's behavior will be affected for future similar situations.

Time-Out or Removal of Privileges

Time-out and removal of privileges are approaches that involve removing positive reinforcement for unacceptable behavior. For young children, time-out usually involves removing parental attention and praise (ignoring) or being placed in a chair for a specified time with no adult interaction. For older children and adolescents, this strategy usually involves removing privileges or denying participation in activities (eg, grounding for an evening with no TV or loss of driving privileges). To be effective, this strategy requires that a valued privilege or reinforcer is removed. In preschool children, time-out (removal of positive parental attention) has been shown to increase compliance with parental expectations from ~25% to 80%,[12] and similar effectiveness is seen when used appropriately with older children.[14] To be effective, however, time-out must be used consistently, for an appropriate duration, not excessively, and with strategies for managing escape behavior in place before the time-out is imposed. To be successful, time-out requires effort and practice on the part of the parents and, in some cases, requires specific education with a professional.

Several aspects of time-out must be considered to ensure effectiveness. When time-out is first implemented, it usually will result in increased negative behavior by the child, who will test the new limit with a display of emotional behavior, sometimes approaching a temper tantrum. The parent who accepts this normal reaction and does not respond to the child's behavior will find that outbursts become less frequent and that the targeted undesirable behavior also diminishes or disappears. When time-out is used appropriately, the child's feelings are neither persistent nor damaging to self-esteem, despite the intensity of the reaction. However, if the parent engages in verbal or physical interaction with the child during this disruptive behavior, the emotional outburst, as well as the behavior originally targeted, not only will persist, but may worsen. Second, time-out often is not effective immediately, although it is highly effective as a long-term strategy. Third, it is often difficult emotionally for a parent to ignore the child during periods of increased negative behaviors or when the child begins pleading and bargaining for time-out to end. The inability of parents to deal with their own distress during a time-out is one of the most common reasons for its failure.

PUNISHMENT

Punishment is defined as the application of a negative stimulus to reduce or eliminate a behavior. There are two types typically used with children: punishment involving verbal reprimands and disapproval and punishment involving physical pain, as in corporal punishment.

Verbal Reprimands

Many parents use disapproving verbal statements as a form of punishment to alter undesired behavior. When used infrequently and targeted toward specific behaviors, such reprimands may be transiently effective in immediately halting or reducing undesirable behaviors. However, if used frequently and indiscriminately, verbal reprimands lose their effectiveness and become reinforcers of undesired behavior because they provide attention to the child. Verbal reprimands given by parents during time-out are a major cause of reduced effectiveness of this form of discipline. Verbal reprimands should refer to the undesirable behavior and not slander the child's character.

Corporal Punishment

Corporal punishment involves the application of some form of physical pain in response to undesirable behavior. Corporal punishment ranges from slapping the hand of a child about to touch a hot stove to identifiable child abuse, such as beatings, scaldings, and burnings. Because of this range in the form and severity of punishment, its use as a discipline strategy is controversial. Although significant concerns have been raised about the negative effects of physical punishment and its potential escalation into abuse, a form of physical punishment—spanking—remains one of the strategies used most commonly to reduce undesired behaviors, with >90% of American families reporting having used spanking as a means of discipline at some time.[15] Spanking, as discussed here, refers to striking a child with an open

hand on the buttocks or extremities with the intention of modifying behavior without causing physical injury. Other forms of physical punishment, such as striking a child with an object, striking a child on parts of the body other than the buttocks or extremities, striking a child with such intensity that marks lasting more than a few minutes occur, pulling a child's hair, jerking a child by the arm, shaking a child, and physical punishment delivered in anger with intent to cause pain, are unacceptable and may be dangerous to the health and well-being of the child. These types of physical punishment should never be used.

Despite its common acceptance, and even advocacy for its use,[16] spanking is a less effective strategy than time-out or removal of privileges for reducing undesired behavior in children. Although spanking may immediately reduce or stop an undesired behavior, its effectiveness decreases with subsequent use. The only way to maintain the initial effect of spanking is to systematically increase the intensity with which it is delivered, which can quickly escalate into abuse. Thus, at best, spanking is only effective when used in selective infrequent situations.

The following consequences of spanking lessen its desirability as a strategy to eliminate undesired behavior.

- Spanking children <18 months of age increases the chance of physical injury, and the child is unlikely to understand the connection between the behavior and the punishment.
- Although spanking may result in a reaction of shock by the child and cessation of the undesired behavior, repeated spanking may cause agitated, aggressive behavior in the child that may lead to physical altercation between parent and child.
- Spanking models aggressive behavior as a solution to conflict and has been associated with increased aggression in preschool and school children.[17]
- Spanking and threats of spanking lead to altered parent–child relationships, making discipline substantially more difficult when physical punishment is no longer an option, such as with adolescents.
- Spanking is no more effective as a long-term strategy than other approaches,[18] and reliance on spanking as a discipline approach makes other discipline strategies less effective to use.[19] Time-out and positive reinforcement of other behaviors are more difficult to implement and take longer to become effective when spanking has previously been a primary method of discipline.
- A pattern of spanking may be sustained or increased. Because spanking may provide the parent some relief from anger, the likelihood that the parent will spank the child in the future is increased.[20]

Parents who spank their children are more likely to use other unacceptable forms of corporal punishment.[21] The more children are spanked, the more anger they report as adults, the more likely they are to spank their own children, the more likely they are to approve of hitting a spouse, and the more marital conflict they experience as adults.[20] Spanking has been associated with higher rates of physical aggression, more substance abuse, and increased risk of crime and violence[22] when used with older children and adolescents.

RECOMMENDATIONS

Because of the negative consequences of spanking and because it has been demonstrated to be no more effective than other approaches for managing undesired behavior in children, the American Academy of Pediatrics recommends that parents be encouraged and assisted in developing methods other than spanking in response to undesired behavior.

The Pediatrician's Role

Encouraging alternative methods may evoke strong responses from some parents and pediatricians because 90% of parents in the United States spank their children, and most adults were spanked when they were children. A survey indicated that ≤59% of pediatricians support the use of corporal punishment, at least in certain situations.[1] Support for spanking is higher in response to a child who runs into the street than it is as a punishment for hitting another child, even though the adult reaction of fear is the most effective deterrent in the former. As with other adults, pediatricians have learned much of their parenting skills from their own parents, who likely used spanking, and find their parents' practices more acceptable than other methods.[23] Changing discipline methods in the United States is likely to take time and to occur gradually, but it should be a goal of pediatricians and parents.

Discussing discipline with parents can be difficult and emotionally charged because opinions about these practices are formed in childhood. This learning occurred under emotional circumstances and is affected by parents' needs to justify their own parents' practices. Also, some religious groups take strong positions on this issue, often in favor of corporal punishment. In addition, discipline practices are under public scrutiny because of the increasing recognition of child abuse, which pediatricians are required to report. As a result, parents may be cautious about discussing their discipline practices. One effective way to start a discussion is by making an observation about the child's behavior during a health care visit and asking about the child's behavior at home. If parents comment negatively about their child's behavior, the severity of the problem should be determined. Eliciting specific examples of disciplinary encounters and responding nonjudgmentally to them are key to understanding the degree of behavioral disturbance[24] and the appropriateness of parental response. Asking about the parents' childhood experiences with discipline, their decision about how they would discipline as parents, and what other key people in their lives say about how they should discipline their children can be beneficial to understanding the parents' philosophy about discipline. It is important to obtain information about all

three aspects of the system of discipline (parent–child relationship, shaping and teaching desired behavior, and reducing undesired behavior) to determine which aspects may require intervention.[3] Generally, a visit with all the key caregiving adults is most effective when there is a problem, although this may not be necessary in cases involving minor discipline problems.[25] Parenting is difficult; parents deserve information, encouragement, and support over time.

Specific Physician Activities

When counseling families about discipline, physicians need to[26]:

1. be clear about what constitutes acceptable discipline;
2. avoid displaying strong emotions during the visit;
3. work to understand the parents' justification of their current practices and address their reasoning when presenting alternatives (offer privacy from children during this discussion);
4. demonstrate interest and expertise in child development and behavior during general visits to develop credibility for future discussions about discipline;
5. use good interviewing skills to show empathy;
6. let the family lead in individualizing a plan and choosing among techniques presented that are acceptable to them. Address the views of other influential family members;
7. look for examples of the parents' effective discipline approach; help them gain strength and generalize from those to other situations. Suggest ways to modify the family's techniques to make them more effective and appropriate;
8. follow up on the discipline discussion in subsequent conversations, by phone or in person;
9. discuss discipline during well-child visits when the child is young to help parents establish reasonable behavioral control. It is preferable to work toward preventing problems, because established negative behaviors often are extremely difficult to change;
10. identify parenting programs and individual counselors who are available in your community for parents with more difficult parenting problems; and
11. participate in public education and advocacy to change cultural attitudes about discipline.

The aspects of the system of discipline presented herein are effective when used at home, in out-of-home child care, at school, and in laboratory settings. Parents can be taught the use of appropriate discipline effectively through reading[27]; at-home family review of videotapes presenting behavioral situations[28]; individual instruction by a nurse in a health care setting[29]; individual or family counseling with a competent professional; group didactic teaching; or group instruction with modeling, role-playing, videotapes, or direct feedback about their parent–child interactions.[30] The intensity and duration of intervention needed to produce a change in family interaction depend on the severity of the child's behavior problems and on other stresses in the family, rather than on income level or social class. Studies have shown generalization from laboratory settings to the home, school,[28] and untreated sibling behavior, and across time. Pediatricians must be creative, persistent, and hopeful to generate change in the gradual manner in which it is likely to occur. A broader view of discipline needs to include the entire social structure. For example, cultures with children with relatively few behavior problems have been characterized by clear role definitions, clear expectations for the child's active work role in the family, very stable family constellations, and involvement of other community members in child care and supervision.[31] Advocacy by pediatricians for other supports within communities also is desirable.

SUPPLEMENTARY INFORMATION

1. Parents are more likely to use aversive techniques of discipline when they are angry or irritable, depressed, fatigued, and stressed. In 44% of those surveyed, corporal punishment was used ≥50% of the time because the parent had lost it. Approximately 85% expressed moderate to high anger, remorse, and agitation while punishing their children.[21] These findings challenge most the notion that parents can spank in a calm, planned manner. It is best not to administer any punishments while in a state of anger.
2. Spanking of young children is highly correlated with continued spanking of school and adolescent children.[20] More than half of 13- and 14-year-olds are still being hit an average eight times per year.[17] Parents who have relied on spanking do not seem to shift strategies when the risks of detrimental effects increase with developmental age, as has been argued.
3. Spanking of preschool boys by fathers with whom the child identified only moderately or little resulted in increased aggressive behavior by those children.[17]
4. Corporal punishment in two-parent, middle class families occurred weekly in 25%, was associated with the use of an object occasionally in 35% and half of the time in 17%, caused considerable pain at times in 12%, and inflicted lasting marks at times in 5%.[21] Thus, striking children in the abusive range is neither rare nor confined to families of lower socioeconomic class, as has been asserted.
5. Although children may view spanking as justified and symbolic of parental concern for them, they rate spanking as causing some or much pain in more than half of cases and generally experience anger at the adult as a result. Despite this, children come to accept spanking as a parent's right at an early age, making changes in adult acceptance of spanking more difficult.[21]
6. The more children are hit, the more anger they report as adults, the more they hit their own children when they are parents, the more likely they are to approve of hitting and to actually hit

their spouses, and the greater their marital conflict.[20]

7. Although 93% of parents justify spanking, 85% say that they would rather not if they had an alternative in which they believed.[21] One study found that 54% of mothers said that spanking was the wrong thing to have done in at least half of the times they used it.[20] This ambivalence likely results in inconsistent use, which limits further its effectiveness as a teaching tool.
8. Although spanking has been shown to be effective as a back-up to enforce a time-out location, it was not more effective than use of a barrier as an alternative.[32]
9. Even controlling for baseline antisocial behavior, the more 3- to 6-year-old children were hit, the worse their behavior when assessed 2 years later.[20]
10. Actions causing pain such as spanking can acquire a positive value rather than the intended adversive value.[31] Children who expect pain may actually seek it through escalating misbehaviors.
11. Parents who spank are more likely to use other forms of corporal punishment and a greater variety of verbal and other punitive methods.[22] When punishment fails, parents who rely on it tend to increase the intensity of its use rather than to change strategies.

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